

**TRANSMITTAL
FORM**

Application Serial Number	09/478,775
Filing Date	January 6, 2000
First Named Inventor	Elsbree et al.
Group Art Unit	2174
Examiner Name	Joseph, Thomas J.
Attorney Docket No.	ICO-004
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	<input checked="" type="checkbox"/> Copy of USPN 6,211,586
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

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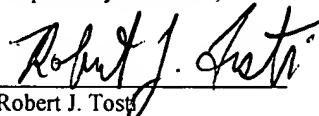
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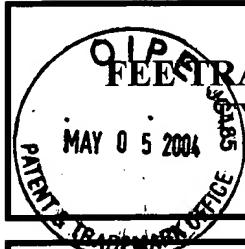
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,


 Robert J. Tosta
 Attorney for Applicant(s)
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110


FEE TRANSMITTAL
MAY 05 2004

Complete if Known	
Application Serial Number	09/478,775
Filing Date	January 6, 2000
First Named Inventor	Elsbree
Group Art Unit	2174
Examiner Name	Joseph, T.
Attorney Docket No.	ICO-004

METHOD OF PAYMENT

1. Payment Enclosed:
 - Check Money Order Other
2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 - Required Fees (copy of this sheet enclosed).
 - Additional fee required under 37 CFR 1.16 and 1.17.
 - Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION
1. FILING FEE
Large Entity

Fee (\$)	Fee Description	Fee Paid
770	Utility filing fee	
340	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount

Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 86.00 =

 Multiple Dependent Claim(s), if any \$290.00 =

TOTAL:
SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$)
2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	- =		x \$ 18.00 =	
Indep.	- =		x \$ 86.00 =	

 First Presentation of Multiple Dep. Claim + \$290.00 =

 TOTAL: (\$)
 SMALL ENTITY DISCOUNT: (\$)
SUBTOTAL (2) (\$)
SUBTOTAL (3) (\$) 210.00

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 SUBTOTAL (1)
 SUBTOTAL (2)
 SUBTOTAL (3) 210.00

TOTAL (\$) 210.00

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 Respectfully submitted,

 Robert J. Tosti
 Attorney for the Applicants
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 Boston, MA 02110



PATENT
Attorney Docket No. ICO-004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Elsbree *et al.*

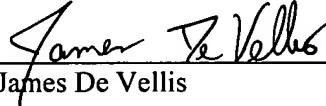
SERIAL NO.: 09/478,775 GROUP NO.: 2174

FILING DATE: January 6, 2000 EXAMINER: Joseph, Thomas J.

TITLE: Graphical Human-Machine Interface on a Portable Device

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3rd day of May, 2004.



James De Vellis

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal (1 pg.);
3. Response (11 pgs.)
4. Petition for two-month extension (1 pg.)
5. Copy of US Patent No. 6,211,586 (7 pgs.)
6. Check in the amount of \$210.00; and
7. Return receipt postcard

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